

OFFICE USE ONLY:

<b>Date:</b>	<b>Fee Due:</b>	<b>Receipt#</b>	<b>Permit #</b>
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**ALL INFO MUST BE COMPLETE & FILLED IN TO BE ACCEPTED****St. Lucie County Building and Zoning**

2300 Virginia Avenue  
Ft. Pierce, FL 34982-5652  
772-462-1553

**APPLICATION FOR ALUMINUM STRUCTURES PERMIT****PROJECT INFORMATION**

- LOCATION/SITE ADDRESS: \_\_\_\_\_
- S/D NAME: \_\_\_\_\_ SITE PLAN NAME: \_\_\_\_\_
- PROPERTY TAX ID #: \_\_\_\_\_
- LEGAL DESCRIPTION (attach extra sheets if necessary): \_\_\_\_\_
- PLAT BOOK \_\_\_\_\_
- PAGE NO. \_\_\_\_\_
- BLOCK NO. \_\_\_\_\_
- LOT NO. \_\_\_\_\_
- PARCEL SIZE: ACRES/SQ FT. \_\_\_\_\_ LOT DIMENSIONS \_\_\_\_\_
- SETBACKS (ACTUAL) FRONT: \_\_\_\_\_ BACK: \_\_\_\_\_ RIGHT SIDE: \_\_\_\_\_ LEFT SIDE: \_\_\_\_\_
- TYPE OF STRUCTURE (CHECK ALL APPROPRIATE BOXES FOR EACH AND EVERY TYPE OF STRUCTURE)

TYPE OF CONSTRUCTION	N=New A= Addition R = Rebuild	SG = Slab on Grade SR = Raised Slab WD = Wood Deck	DIMENSIONS	SQUARE FEET OF CONSTRUCTION
<input type="checkbox"/> SCREEN ROOM		____ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> CARPORT/PATIO ROOF		____ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> HABITABLE GLASS ROOM		____ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> SUNROOM		____ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> SHED		____ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> POOL ENCLOSURE		____ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> M H ROOF OVER		____ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> POOL FENCE				Linear feet
<input type="checkbox"/> ROOF SYSTEM OVER EXISTING ACCESSARY STRUCTURE		____ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> OTHER: _____		____ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
TOTAL SQUARE FEET OF CONSTRUCTION				

**12. VALUE OF CONSTRUCTION: \$ \_\_\_\_\_**

The value of construction is used to determine the amount of permit fees to be assessed. St. Lucie County reserves the right to question and/or modify the indicated value of construction if it is demonstrated that the submitted figures are not consistent with similar types of construction activities. If the value is \$2500 or more, a RECORDED Notice of Commencement must be submitted PRIOR TO FIRST INSPECTION.

## OWNER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (DAYTIME): (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

FILL IN NAME AND ADDRESS BELOW IF THE FEE SIMPLE TITLEHOLDER (PROPERTY OWNER) IS DIFFERENT FROM THE OWNER LISTED ABOVE:

FEE SIMPLE TITLEHOLDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (DAYTIME): (\_\_\_\_) \_\_\_\_\_

## CONTRACTOR INFORMATION

STATE OF FLORIDA REG./CERT #: \_\_\_\_\_ ST. LUCIE COUNTY CERT #: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

QUALIFIER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (DAYTIME): (\_\_\_\_) \_\_\_\_\_ FAX NO. \_\_\_\_\_ email: \_\_\_\_\_

ARCHIT/ENGINEER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (DAYTIME): (\_\_\_\_) \_\_\_\_\_

**NOTE: IF APPLICABLE, SUBCONTRACTOR AGREEMENTS MUST BE ATTACHED TO APPLICATION FOR ROOFING, ELECTRIC, PLUMBING, AND HVAC**

## ZONING REQUIREMENTS

All such structures will be subject to the requirements of the ST. LUCIE COUNTY LAND DEVELOPMENT CODE.

- ☐ 2 scaled plot plans showing lot size, dimensions of existing host structure, and proposed aluminum addition. All setbacks including front, side, rear and distance between adjacent property structures in MH Parks shall be indicated on the plot plan.
- ☐ 2 sets of color photos for all storm damaged areas to be reconstructed. One picture must include house address number for inspection verification. ( not required for construction unrelated to storms)

## OFFICE USE ONLY

### ZONING

SECTION		TOWNSHIP		RANGE		MAP NO.	
ZONING		LAND USE		LOT CVG %		Additional Permits	Yes no
REPORT CODE		BIMS FEE	\$	MISC FEES	\$	TOTAL FEES	\$

### BUILDING & ZONING REVIEW

REVIEWS	ZONING	ZONING REVIEWED BY	PLANS EXAMING	MISC.	VEGETATION		
DATE COMPLETE							
INITIALS							

# PLAN REVIEW SPECIFICATION CHECKLIST

PLEASE PROVIDE ONE OF THE FOLLOWING:

- ☐ 2 Sets of Detailed Plans: Dated, Signed & Sealed by an Engineer or Architect holding a Florida State professional license.
- ☐ 2 Sets of Detailed Plans: Designed in accordance with either AAF Guidelines or another approved Engineer's Manual.
- ☐ 2 Design Checklists from an Engineer's Manual (if applicable), completely filled out with original, and approved signatures affixed thereon.
- ☐ I choose to use the approved County Aluminum Plans and Specifications for this project and will not need to comply with (I) below.

(I) ANY PLANS SUBMITTED WITHOUT COMPLYING WITH THE FOLLOWING SHALL BE RETURNED WITHOUT APPROVAL. ALL PLANS MUST BE IN INK AND ANY NOTATIONS IN PENCIL WILL NOT BE CONSIDERED A PART OF A SUBMISSION.

- All plans and specifications must follow the checklist if using an Engineer's Manual and checklists may apply from multiple chapters.
- All plans must be legible and must be designed in Architect's Scale on pages which are 8 1/2" x 11" or larger.
- All relevant tables & details, if using an Engineer's Manual, must be properly highlighted and must match design checklists & drawings.
- The plan view must include all dimensions; the location of the host structure and all materials must be sized and identified thereon.
- All elevations must be shown, including 4<sup>th</sup> wall detail, dimensions and all material must be sized and identified.
- All primary and secondary carrier beams, spans, spacing gauges must be shown [Example: 2" x 8" x .072"].
- All methods of fastening or other details which are relevant to the design must be identified on the Plans.
- All upright column heights, sizes, spacing and gauges must be shown as follows: [Example: 3" x 3" x .050"].
- All chair-rails, roof purlins, girts, channels, knee-bracing, k-bracing, cable bracing or any other required component must be sized and identified.
- All ridge beams and super gutter or fascia attachments must be identified.
- All roof pans or composite panels, with gauges and spans, must be sized and identified.
- All footing, slab and ISO pier designs must be on the plans, per the Architect / Engineer's plans & specifications.
- All light metal alloys which are utilized shall be designed in conformity with the Florida Building Code of 2004, Chapter 20, section 2002.
- Barrier railings, if utilized, shall have all materials, fasteners and height specified and shall have self-closing, self-catching gates with picket spacing.

(II) SITE CONSTRUCTED SHEDS, HAVING ANY ALUMINUM COMPONENT, SHALL MEET ALL OF THE ABOVE REQUIREMENTS AND THE FOLLOWING ADDITIONAL ITEMS:

- (A) 2 copies of the current product approval [i.e. N.O.A. or State of Florida approval] with the proposed "opening" component highlighted and with fasteners and design pressures, per FBC 1714, clearly identified.
- (B) 2 electric schematics, in accordance with the N.E.C., if applicable.
- (C) Design pressures, per Table R 301.2 (2), identified on the openings of all Plans.

(III) HABITABLE ROOMS/ADDITIONS DESIGNS SHALL MEET ALL OF THE ABOVE REQUIREMENTS, EXCEPT AAMA SPECIFICATIONS, AND CHAPTER 13 OF THE FLORIDA BUILDING CODE.

(IV) SUNROOMS (as defined in R202 or FBC1202.1) MAY BE CONSTRUCTED, SO LONG AS THEY MEET ALL OF THE ABOVE REQUIREMENTS AND MUST BE IN STRICT COMPLIANCE WITH AAMA/NPEA/NSA2100.02 AND MEET THE FOLLOWING ADDITIONAL ITEMS:

- (1) The designer or engineer will state on all Plans, which Category of Design [3.1.2] will be used, inclusive of the definition.
- (2) If designing a Category 4 or Category 5 structure, as defined in the current Edition of 3.1.2.4 and 3.1.2.5, proper energy calculations and long form equipment sizing calculations shall be required, pursuant to Chapter 13 of the current State of Florida Building Code.

(V) MOBILE HOMES (FAC 15C-2.0081 - FAC 15C-2.0072): ALL STRUCTURES ADJACENT TO OR NEW ROOF SYSTEMS (Pan or Composite) OVER EXISTING ADJACENT STRUCTURES TO A MOBILE HOME SHALL REQUIRE:

- (a) A 4<sup>th</sup> wall or a current, signed original manufacturer's attachment approval letter which includes the model number, serial number and current owner's name and street address.
- (b) That the complete guide to H.U.D. specifications be strictly adhered to.
- (c) A Certified Florida Engineer may design the manner of attachment of the proposed structure to the host house but shall assume full responsibility for both structures' integrity by site specific documentation.

## CERTIFICATION:

This application is hereby made in order to obtain a permit to do the work and installations as indicated, and to obtain a certificate of capacity, if applicable, for the permitted work.

**NOTICE TO OWNER:** FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

**NOTICE TO APPLICANT:** IN THE EVENT IT IS NOT YOUR RIGHT TITLE OR INTEREST THAT IS SUBJECT TO ATTACHMENT, THE APPLICANT DOES HEREBY MAKE A GOOD FAITH PROMISE TO DELIVER A COPY OF THE ATTACHED CONSTRUCTION LIEN LAW NOTICE TO THE PERSON WHOSE PROPERTY IS SUBJECT TO ATTACHMENT, AND DOES SO AS A CONDITION PRECEDENT TO THIS PERMIT

1. I the Contractor / Owner Builder hereby certifies that the components being used, fastener type, and fastening pattern meet all the proper design pressures for the structure located in the designated wind zones set by the county, along with applicable tables 1606.2A, 1606.2B, 1606.2C, and 1606.2D of chapter 20 of the Florida Building Code and the Engineering as submitted, and takes full responsibility for complying with the submitted calculations of the design pressures of the structure being permitted.

2. I further certify that all the foregoing information is accurate, that no work or installation has commenced prior to the issuance of a permit and that all work shall be performed in compliance with all applicable laws regulating construction and zoning in this jurisdiction. I understand that separate permits may be required for ELECTRICAL, and HVAC, etc., not otherwise included with this building permit application.

3. I , the Contractor / Owner Builder, have verified that the existing foundation meets the requirements of the Engineer of Record and is in adequate condition to withstand the uplift and weight of the aluminum structure and said structure will not exceed the footprint of the structure that was in existence prior to removal by the storms.

\_\_\_\_\_  
OWNER/CONTRACTOR SIGNATURE

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged  
before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by  
\_\_\_\_\_, who is personally  
known to me or who has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary

(SEAL)

\_\_\_\_\_  
CONTRACTOR SIGNATURE

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged  
before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by  
\_\_\_\_\_, who is personally  
known to me or who has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary

(SEAL)

### IMPORTANT NOTICES:

- TWO (2) SIGNATURES ARE REQUIRED. EACH SIGNATURE MUST BE NOTARIZED. IF APPLYING FOR THIS BUILDING PERMIT AS AN OWNER/BUILDER, THE OWNER MUST PERSONALLY APPEAR TO SIGN THIS APPLICATION IN THE OFFICE LISTED ON THE FRONT OF THE APPLICATION.
- ALL SIGNATURES ON APPLICATION SUBMITTED SHALL BE ORIGINAL. COPIES, FAXES, OR STAMPED REPRODUCTIONS ARE PROHIBITED.
- WHEN A PERMIT IS AVAILABLE FOR ISSUANCE BUT IS NOT PICKED UP WITHIN THIRTY (30) DAYS AFTER NOTIFICATION OF AVAILABILITY, IT WILL BE VOIDED. IF THE APPLICATION IS RESUBMITTED, AN ADDITIONAL FEE WILL BE CHARGED.